

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be typed)

	(Note: I	nis report	must b	e ciear and	i legible. It sno	uia be typet	LOCAL POST POST DE LA COMPTENZA DE LA COMPTENZ	description of the second seco
Filer Identification Number		Report Fi (Mark X)		Candida	ite .	Committee	X	Lobbyist
Name of Filing Commit Lobbyist	tee, Candidate or	Com	MIT	TEE	To Elect	Topo	T. LOOMI	s Sheail
Street Address		11.			ONES			,
City	ERIE	140)_/(State	PA.	Zip Code	1650	5
Type of Report (Place x	(2) おからかんかいようなからないできることがある。(3) おからないないません。(4) おからないない。(5) おからないない。(6) おからないない。(7) おからないない。(7) おからないない。(7) おからないない。(7) おからないない。(7) おからないない。(7) おからないないない。(7) おからないないない。(7) おからないないない。(7) おからないないないない。(7) おからないないないない。(7) おからないないないないないないないない。(7) おからないないないないないないないないないないないないないないないないないないない	Service of the servic	Service Course	ecitizare numbers	A CONTRACTOR DISCOVERS	NATURAL PROPERTY OF STREET	CONTROL OF THE PROPERTY OF THE PARTY.	
THE RESERVE AND ADDRESS OF A PROPERTY OF A P	CONTRACTOR AND THE SECOND PROPERTY AND ADDRESS OF THE SECOND PROPERTY ADDRESS OF THE SECOND PROPERTY AND ADDRESS OF THE SECOND PROPERTY ADDRESS OF THE SECOND PROPERTY AND ADDRESS OF THE SECOND PROPERTY AND ADDRESS OF THE SECOND PROPERTY ADDRES	a oth Tuno	day	2 nd Friday	6-30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
1-6 th Tuesday 2-2 nd Pre-Primary Pre-Pri		Pre- Electi		e- Election		7-Alliluai	Pre-Election	Post-Election
					$ \times $			
Date Of Election (MM/DD/YYYY)	1/-7	Year 201	17		Amendment Report		Termination Report	
Summary of Receipts a	nd From Date	SOUND ROLL WATER	Date	enthin-lated neglected to	MATERIAL AND SHIP CONTINUES	For	Office Use Only	
Expenditures	10/24/	7 /	1-2-	1-17				~ 1
A. Amount Brought For	rward From Last Repor	t \$	453	39.34			60	91
B. Total Monetary Con (From Schedule I)	tributions and Receipt	s \$					min con	2 6
C. Total Funds Available (Sum of Lines A and B)		\$	453	39.34			E	Account to the same of the sam
D. Total Expenditures		\$	25	60.00			\cdot\)	3
(From Schedule III) E. Ending Cash Balance		\$	100	24			70 70	₹ =
(Subtract Line D from L	ine C)		429	3931			\ E	9
F. Value of In-Kind Con (From Schedule II)	tributions Received	\$		<u>.</u>			六	-
G. Unpaid Debts and O	bligations	\$	Λ ·	0000	i			
(Fron Schedule IV)			2,2	,0000	0			
3				Affidavit Se				
Part 10If this is a Committ Lswear (or affirm) that this	ee report, treasurer sign l	nere. If this is	a Candid	ate report, c	andidate sign here	edge and helief t	true, correct and comple	ete.
Sworn to and subscribed b		actied Scried	nes on pa	per, is to the	/7 /	a /	111	
= Sin N	6 17				(hel	- A.	Klen	_
day of 130	20 1			_	Signatur	e of Person Subi	mitting report	_ /
= Dona	will	_	ř	-	Chark	Printed Nar	70,00	— /
y Pub Signatu	re // 7 -/ 0		1		12/1	/ /	450 766	54
My Commission expires_	4-3-19			_	-817		eytime Telephone Numb) ar
YLV Y	MO. DAY YR	•			Area Code	Da	sytime relephone Nume	Jei
Part II-If this is a report of	f a Candidate's Authorize	d Committee	, candida	te shall sign h	nere.			(D.1. 1222 NO 220)
I swear (or affirm) that to amended.	the best of my knowledge	and belief the	nis politic	al committee	has not violated a	ny provisions of	tne Act of June 3, 1937	(P.L. 1555, NO.320) as
Swort to and subscribed to	before me this				11		/ '	
TP day of DC	2C		1		1/A	7 0	po	
8	1.1:0+],	1	STA /S	gnature of Cano	LANA, 5	
Signatu	ire	 2		-	Uppl	Printed Name		
My Commission expires_	4-3-19	*	.					
	MO. DAY YR.	_		_	Area Code	Day	ytime Telephone Numb	er
ST ST P								

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number CTE John T. Lo	٥٨	415, Sheriff
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		•
Total for the reporting period (1)	\$	None
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	The control of the state of the
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Date MM/DD/YYYY S	Filer Identification	n Number	TE:	JOHN J. L	DOMIS Sherif	F	
None Street Address State Zip Code Date [MM/DD/YYYY] S State Date [MM/DD/YYYY]	THE SECOND SECON	et place et de silvone produces de féligical consideration en el	CONTRACTOR OF STREET	Company of the second	and the same of th	ecevel/6	Amount
Date MM/DD/YYYY S		ntributing	A MONTH A SAN THE PROPERTY WILLIAM IN THE	entit fan de trekkûne. Hit op de trever gelekken bûg van it fantstrûk beskel	Date [MM/DD/YYYY]	\$	None
Full Name of Contributing Committee Date [MM/DD/YYYY] 5	House #	Street Address			Date [MM/DD/YYYY]	\$	
Committee	City	(25.97+0.325,300+)	State	Zip Code	Date [MM/DD/YYYY]	\$	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/Y		ntributing			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee Date [MM/DD/YYYY] S	House #	Street Address			Date [MM/DD/YYYY]	\$	
City	City		State	Zip Code	Date [MM/DD/YYYY]	\$	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City Date [MM/D		ntributing		*************************************	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee Date [MM/DD/YYYY] S	House #	Street Address			Date [MM/DD/YYYY]	\$	
Committee House # Street Address State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Date [M	City		State	Zip Code	Date [MM/DD/YYYY]	\$	
City State Zip Code Date [MM/DD/YYYY] \$		ntributing	siik manaksiilikke vann	nastiniak katenyo uli vona i to administrativa	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee Date [MM/DD/YYYY] \$	House #	Street Address			Date [MM/DD/YYYY]	\$	
Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	City	200 Pt 17 (28 (25 (10))	State	Zip Code	Date [MM/DD/YYYY]	\$	
City State Zip Code Date [MM/DD/YYYY] \$		ntributing	100 A		Date [MM/DD/YYYY]	\$	an hader general a sector as sector and the contract and the definition of the contract and the
Full Name of Contributing Committee Date [MM/DD/YYYY] \$	House #	Street Address			Date [MM/DD/YYYY]	\$	
Committee House # Street Address Date [MM/DD/YYYY] \$	City	7/10/2007	State	Zip Code	Date [MM/DD/YYYY]	\$	
		ntributing			Date [MM/DD/YYYY]	\$	
City State Zip Code Date [MM/DD/YYYY] \$	House #	Street Address			Date [MM/DD/YYYY]	\$	
PERFOCATION DESCRIPTION DE L'ACTIONNE DE L'A	City	102 (W. 11 (1) 10 (1) 11 (1) 1	State	Zip Code	Date [MM/DD/YYYY]	\$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identificatio	n Number:	EJ	OhN T. L	DOMIS Sher	IPP	A 1984 A 1994 A 1997 (1992 A 1994
)		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$ 100)e
House #	Street Address			Date [MM/DD/YYYY]	\$ ///	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor	on Edit in the court in		Date [MM/DD/YYYY]	\$	A desired the second second
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	CAST AND ASSESSMENT OF THE PARTY OF THE PART
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor	1912.2503.		Date [MM/DD/YYYY]	\$	Alexander State of the State of
House#	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:

			01/1 1 · M	SUMIS Sheki		
			INVENSIVACIONISSI MAINLINECES AUGSTÉS (EXCLUM		San Chalan	Service and the service of the servi
Full Name of				Date [MM/DD/YYYY]	\$	1.0
Contributing Co	mmittee					NONC
House #	Street Address			Date [MM/DD/YYYY]	\$	Nove
City	4555-7110-71-74	State	Zip Code	Date [MM/DD/YYYY]	\$	
				With the Country of t		
Full Name of		The second secon		Date [MM/DD/YYYY]	\$	AND STATE OF THE PROPERTY OF THE AND IN
Contributing Co	ommittee					1
House #	Street Address			Date [MM/DD/YYYY]	\$	
nouse #	Street Address			bute [min/bb/1111]		
		I consessi	Laria Calland	Date [MANA/DD /00/0/1]		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	1
	NO. WILLIAM STATE OF THE STATE	SA THE STATE OF TH		Date [MM/DD/YYYY]	\$	O VERNO NIL PROGRAMMA COLLEGA
Full Name of Contributing Co	mmittee			Date [WW/DD/1111]		
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	100000000000000000000000000000000000000	State	Zip Code	Date [MM/DD/YYYY]	\$	
100 (17 d) 100 (17 d)	CLASSOCIANI A ORIGINALI SANDONI IN SANDANI NE SANDANI SANDANI SANDANI SANDANI SANDANI SANDANI SANDANI SANDANI					
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Co	mmittee					
House #	Street Address			Date [MM/DD/YYYY]	\$	
					64	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of	N. J. S.	email to Atlantik com et en 1994 inderes et	era portugue de la composition della composition	Date [MM/DD/YYYY]	\$	
Contributing Co	ommittee					
House #	Street Address			Date [MM/DD/YYYY]	\$	
						A .
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of		30000000	CHARLES OF THE STATE OF THE STA	Date [MM/DD/YYYY]	\$	Proposition of the Browning Continues of the
Contributing Co	ommittee					
House #	Street Address			Date [MM/DD/YYYY]	\$	
	Juliet Address					
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
City		Jiace	Zip code	Bate [illing 53] (111]		
10000000000000000000000000000000000000					100	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Full Name of Contr	ibutor	PROTEST A CONTRACTOR NOT THE ENGAGE	CONTRACTOR SECURITION CONTRACTOR SECURITION OF PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE	Date [MM/DD/YYYY]	\$
					Nove
House #	Street Address			Date [MM/DD/YYYY]	\$
City	100-2015	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		2.2.3025		Occupation	14862
Employer Mailing A Principal Place of B					
Full Name of Contr	ibutor		ng a marak tanda adam sindan sindan sina hindah sina lagu arab kecang talah katipal sin	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		02750 U.S		Occupation	1989
Employer Mailing A Principal Place of B					
Full Name of Contr	ibutor		ato a styl endowed for 100 belonis a god style to store a store for the style as	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	5.2.52	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		1.500.00000	25,05 894003517400417	Occupation	Provide
Employer Mailing A Principal Place of B					
Full Name of Contr	ibutor		And And And Street Transis of the Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$

Zip Code

State

City

Employer Name

Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY]

Occupation

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Num	ber: OFE.	John	T. L00	y13, SLERIFF
THE PARTY OF THE P	and the authority of the sales		to not a morning receives an Artist consenting the	Control of the Contro
Full Name				1.10
House #	Street Address			NONE
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Constitution (Constitution Constitution Cons	Estiliates.	
Full Name		Reford Education (15) industrial Baseline Education (15)	riaka Puntunturak iban 1845 Anadra Trapia teruntak kebulah	greated directly that the common impact of great and administrative and the common and a second
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				1889
Full Name			as value of a variety flags to Albert Art and places I Advis A	vakas teores medi velik Andriji evis sine sini tu tarak providencim kali y afanta essak yan Arak sini tu tu tu
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name		PROPERTY OF THE PARTY OF THE PA		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name		Contraction of the second seco		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		774 Ta W. 76	1997年118年10	pass.
Full Name		ilga dili silan combettolimina	til Sett sett film å Staden Staden en skillige i fle blev krigere bestelle	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number: UTE John	J. LOOMIS STERIFF.
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	.00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	/I PART G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Nu	imper: C1	EJ	OHN J.L	.comis Sher	IFF.
		Average Averag			
Full Name of Contri	butor			Date [MM/DD/YYYY]	5 1 Me
House #	Street Address			Date [MM/DD/YYYY]	\$ 10000
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cont	ribution				1.000
Full Name of Contri	ibutor	THE STREET STREET STREET STREET	de-mate scanning of content a property weeks so provide down to a	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cont	ribution				
Full Name of Contri	butor	ANA CONTRACTOR PROPERTY AND TO SERVE		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cont	ribution	50/89/63/64			1.00
Full Name of Contri	butor		and annual blood followed in the contributions (ESS) and other descriptions and	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$.
Description of Cont	ribution				1200
Full Name of Contri	butor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cont	ribution		Market Assess	L	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	EJ	DANT. LO	ON 15 STERIFF.
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor	Substitution y accessors the to	25.004.000.0000.0000.0000.0000.0000.0000	Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor		a tatica proportione en la serigionimi de l'escala entre di culta d'esta de de de	Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution

Statement of Expenditures

Filer Identification	n Number:	TEJ	JAN T.LO	oyis, Sheriff.
To Whom Paid	Total Grand and Marine for thinks a trade of Asia Asia.			Date [MM/DD/YYYY] \$ 00
TO WILDIN FAIG	CTE.	JIM V	UNARSKI	10/29/17 50
House #	Street Address			Description of Expenditure DILKETS TO EVONT
City	NO. 11 TO VILLE TRACES	State	Zip Code	
To Whom Paid	1 Atc		Note	Date [MM/DD/YYYY] \$ 00
House #	Street Address	TOM (_ARNEY	10/28/17 50 Description of Expenditure TILKETS TO Company From
	Street Address		[Seventeur]	TICKETS TO COMPORENTEVEN,
City		State	Zip Code	
To Whom Paid	Police	Athlec	Tic League	Date [MM/DD/YYYY] \$ 15000
House #	Street Address	7,	r -	Description of Expenditure
City		State	Zip Code	DOWNTION.
To Whom Paid	164 164 164	Annual Production Control	couc	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
	Street Address	La - service	10-20-20-20-1	
City		State	Zip Code	
To Whom Paid			AT 100 005 105 105 105 105 105 105 105 105	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid			code	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
	Street Address	[C. 1.]	71.2	
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address		2	Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
		State	Zip	
City		Jiace	Code	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Credito	or JOHN T	LOOMIS, C	ANDIDITE	Outstanding Balance of Debt
House # 103	33 Street Address Wes7	30051	DATE DEBT INCURRED [MM/DD/YYYY] / - 1 - 1 3	2,2000
City	SRIC	State /	OA Zip Code 1650	
Description of D	DELL'ARRESTE	Comprien		
Name of Credite	The state of the s			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	Debt	,	·	
Name of Credit	or		Politicans (Latinet State of Control of Cont	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D				Outstanding Balance of Debt
and the same of th				Light and Ing Ralance of Deht
	[1] [2] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	100	DATE DEST INC.	
	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
Name of Credite House # City	Street Address	State		
House #	Street Address	State	[MM/DD/YYYY]	
House #	Street Address	State	[MM/DD/YYYY]	
House # City Description of C	Street Address	State	[MM/DD/YYYY]	\$
House # City Description of C	Street Address Debt	State	Zip Code DATE DEBT INCURRED	S Outstanding Balance of Debt
City Description of Description of Description of Credite House #	Debt Street Address Street Address		Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip	S Outstanding Balance of Debt
City Description of Description of Course # City Description of Course #	Debt Street Address Debt Debt		Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip	Outstanding Balance of Debt \$
City Description of D Name of Credite House #	Debt Street Address Debt Debt		Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip	S Outstanding Balance of Debt